

FATCA/CRS Individual Self-Certification Form

Please read these instructions before completing the form.

Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), Maybank Group is required to collect and report certain information to the local tax authority on the status of our customers.

Should there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information that makes this form incorrect or incomplete, please let us know by notifying us or providing us with an updated Self-Certification Form.

This form must be completed by any individual who wishes to open an account.

As a financial institution, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA and CRS.

Part 1 - Identification of Individual Account Holder

(For joint or multiple account holders, complete a separate form for each individual account holder)

Name:					
Date of Birth (DDMMYYYY):	Available in account opening form				
Country of Birth:					
New IC Number:	Available in account opening form	Available in account opening form			
Current Residence Address:		Mailing Address:			
		(Complete if different to the current residence address)			
Address Line 1:		Address Line 1:			
Address Line 2:		Address Line 2:			
Address Line 3: (Post	tal Code/ZIP Code)	Address Line 3: (Postal Code/ZIP Code)			
Address Line 4: (Cou	ntry)	Address Line 4: (Country)			

Part 2 - FATCA Self Certification

Definitions applicable

The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code: The term "United States person" means-

(A) a citizen or resident of the United States

Ple	ease check "J" Yes or No for each of the following questions:	Yes	No
1	Are you a U.S. Citizen?		
2	Do you hold a U.S. Permanent Resident Card (Green Card)?		
3	Are you a U.S. Resident?		
4	4 If you have ticked "No" to all three questions above, then please tick as:		person
	If you have ticked "Yes" to any of the three questions above, please tick as: Please fill up U.S. IRS form W9 (<u>https://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103</u>)	U.S. pers	on

Part 3 - Jurisdiction of Residence and Taxpayer Identification Number (TIN)

Complete the following table indication :

(a) the jurisdiction of residence where the account holder is a resident for tax purposes (except for Malaysia) and (b) the account holder's TIN for each jurisdiction indicated. Indicate All jurisdictions of residence.

lf a	TIN is unavailable.	indicate which	of the following	reason is applicable:

Reason A - `	The jurisdic	tion where the	account holder	' is a resident	for tax purpose	e does not issue	TINs to its residents.	
Reason B -	The account	holder is unab	ole to obtain a T	ΊΝ.				

Reason C - IIN is not required.				
(Note: Select this reason only i	if the authorities of the	jurisdiction of residence of	do not require th	e TIN to be disclosed.)

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	Country of Tax Residence	TIN	If no TIN available, indicate Reason A, B or C
1			
2			
3			
Ple	ase explain in the following boxes why you are unable to obta	in a TIN if you selected Reason B a	bove.
1			
2			

Note: If the account holder is a resident for tax purpose in more than three countries, please use separate sheet.



Declaration and Signature

I represent and declare that the information provided above is true, accurate and complete.

I understand that the term "U.S. person" means any citizen or resident of the United States.

I hereby consent to Malayan Banking Berhad or any of its affiliates, including branches (collectively "the Bank") disclosing the financial accounts information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.

I hereby agree that the Bank may classify me as reportable account and/or suspend, recall or terminate my account(s) and/or facilities granted to me, in the event I fail to provide accurate and complete information and/or documentation as the Bank may require.

I hereby agree that the Bank may withhold from my account(s) such amounts in accordance with the provisions of Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.

I undertake to notify the Bank in writing within 30 calendar days of any change in circumstances which causes the information contained herein to become incorrect.

Signature:	
Name:	
Date (dd/mm/yyyy):	
Capacity:	
	(Indicate the capacity if you are not the individual identified in Part 1. If signing under a Power of Attorney,
	attached a certified copy of the Power of Attorney)



For Office Use

Reasonable Test: To be filled by Relationship Manager. Questions below to be considered in conjunction with <u>all</u> documents & forms collected from customers (including this form).

	U.S. Indicia Status	Yes/No	Action required if " (FATCA Documentation		
1	Have the account holder(s) provided a U.S. place of birth ?		 If account holder is confirmed U.S person: Form W-9 or If account holder is non U.S person: Certificate of Loss of Nationality, and appropriate documentation^{№1} or Form W-8BEN^{№3} 		
2	Have the account holder(s) provided any indication that the account holder(s) are U.S. citizen or resident?		If account holder is confirmed U.S pe Form W-9		
3	Have the account holder(s) provided a U.S. address (including P.O. Box)?		If account holder is non U.S		
4	Have the account holder(s) provided <u>only</u> a U.S. telephone number?		 Appropriate documentation Form W-8BEN ^{N2} 	on <u>or</u>	
5	Have the account holder(s) provided a U.S. telephone number <u>and</u> a non U.S. telephone number?				
6	Have the account holder(s) provided any standing instructions to transfer funds to an account maintained in the U.S.?				
7	Have the account holder(s) granted Power of Attorney to a Person with a U.S. address?				
8	Have the account holder(s) provided <u>only</u> a U.S. "hold mail" or "in care of" address, that is the sole address for this account?				
Cus	tomer(s)' FATCA classification:				
Nor	n U.S. person				
U.S. person					
Recalcitrant customer with U.S. Indicia					
Recalcitrant customer without U.S. Indicia					
Recalcitrant customer that is U.S. Person					
Rec	Recalcitrant customer that is dormant account				

	CRS Indicia Status	Yes/No	Action required if "Yes" (CRS Documentation Checklist)
1	Have the account holder(s) provided any indication that the account holder(s) are from other Jurisdictions N3 ?		Documentary evidence to establish the Account Holder's Jurisdiction status.
2	Have the account holder(s) provided any other Jurisdiction address (including P.O. Box)?		
3	Have the account holder(s) provided <u>one or more</u> telephone numbers in other Jurisdiction?		
4	Have the account holder(s) provided any standing instructions to transfer funds to an account maintained in other Jurisdictions?		
5	Have the account holder(s) granted Power of Attorney to a Person with address of other Jurisdiction?		
6	Have the account holder(s) provided "hold mail" or "in care of" address of other Jurisdictions, that is the sole address for this account?		



Notes:

- ^{N1} Customer can also provide alternative documentation, a form of documentary evidencing citizenship in a country other than the United States, and a reasonable written explanation of the account holder's renunciation of U.S. citizenship at birth in order to establish the account holder's status as a foreign person (i.e. other than U.S.) such as:
 - Certificate of residence
 - Individual government identification with respect to an individual (e.g. Identification Card)
 - Any valid identification issued by an authorised government body (e.g. a government or agency thereof, or a municipality) that is typically used for identification purposes
- N2 In the absence of any appropriate documentation evidencing account holder is non U.S. person, Relationship Manager should obtain form W-8BEN.

 $^{\rm N3}$ Jurisdictions: Country (ies) other than Malaysia and U.S.

Declaration and acknowledgement					
I declare that: the required account opening checks have been performed for the customer(s) listed above; and that the information provided is true, correct and updated.					
Staff Name / PF No Date Staff Signature					